

<i>SERFF Tracking Number:</i>	<i>MUTM-125846511</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40462</i>
<i>Company Tracking Number:</i>	<i>SHELLY KAIPUST</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL4838</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL4838</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-125846511 State: ArkansasLH

Advertising - UL4838

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 40462

Standard Plans

Sub-TOI: MS051.001 Plan A

Co Tr Num: SHELLY KAIPUST

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Shelly Kaipust

Disposition Date: 11/05/2008

Date Submitted: 10/06/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: UL4838

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/05/2008

State Status Changed: 11/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See Cover Letter for complete description.

Company and Contact

Filing Contact Information

Michelle Kaipust, Senior Policy Drafting and Regulatory Assistant
Regulatory Affairs
Omaha, NE 68175

shelly.kaipust@mutualofomaha.com
(402) 351-8391 [Phone]
(402) 351-5298[FAX]

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	10/06/2008	22965652

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	11/05/2008	11/05/2008

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Disposition

Disposition Date: 11/05/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter		Yes
Form	Medicare Supplement Advertising and Reply Card	Filed	Yes

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Form Schedule

Lead Form Number: UL4838

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UL4838 and UL4838-1	Advertising	Medicare Supplement Advertising and Reply Card	Initial			UL4838.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



Are you eligible for Medicare?

If so, I can provide information that may help you pay your share of healthcare costs under Medicare. Please provide your birth date below and I'll provide you information about United of Omaha Life Insurance Company's Medicare supplement insurance policies.

Now is the time to update your insurance coverage by adding a Medicare supplement insurance policy. It helps you keep out-of-pocket costs down by paying some of the expenses Medicare may not cover.

Please complete and return the information below and your information will be on their way to you. Of course, there's no obligation.

Sincerely,

[Agent's Name]

[Address]

[City, State ZIP]

[Phone]

[E-Mail Address (optional)]

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Policy forms UM1, UM2, UM3, UM4, UM5 or state equivalent (in OK, UM1-21398, UM4-21399, UM5-21400). These policies have exclusions, limitations, and reductions. An Outline of Coverage is available upon request. United of Omaha Life Insurance Company is licensed nationwide except in NY. **This letter is used for the solicitation of insurance. By returning this form you are requesting to have a licensed insurance agent contact you by telephone to provide additional information.**

UL4838

Name _____

Street _____

City _____ State _____ ZIP _____

Phone () _____ Birth Date / /

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Policy forms UM1, UM2, UM3, UM4, UM5 or state equivalent (in OK, UM1-21398, UM4-21399, UM5-21400). These policies have exclusions, limitations, and reductions. An Outline of Coverage is available upon request. United of Omaha Life Insurance Company is licensed nationwide except in NY. **This letter is used for the solicitation of insurance. By returning this form you are requesting to have a licensed insurance agent contact you by telephone to provide additional information.**

UL4838-1

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter

10/06/2008

Comments:

Attachment:

AR - App.pdf

UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



October 6, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC# 261-69868
FEIN# 47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
UL4838
UL4838-1 (Reply Card)

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

The above advertisement will be used as a prospecting piece that agents could use as a letter.

We request that any information in brackets be considered variable.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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